

# South Dakota State Employee Health Plan Pre-authorization Listing

07/01/15 to 06/30/16 (Subject to Change)

**Health Management Partners (HMP) 1.866.330.9886 • [www.hmpsd.com](http://www.hmpsd.com)**

## **ADMISSIONS**

- Surgical, maternity, non-surgical, (medical)
- Skilled nursing
- Rehabilitation
- Hospice
- Transplant services
- Out-of-State provider services
- Out-of-network services
- Observation services
- Mental health
- Chemical dependency, including partial Residential Day

## **Tier 1**

### **Bariatric Services**

- Weight Reduction Surgery Lap-band, Gastric Sleeve and Roux-en-Y

### **Cardiac**

- Balloon Angioplasty
- Cardiac Catheterization
- Heart Bypass Surgery
- Pacemakers

### **Gastroenterology**

- Colonoscopy (does not apply to preventive colonoscopies)
- Gallbladder
- Hernia Repair
- Upper GI and/or Endoscopies

### **Orthopedic**

- Back & Neck Surgery (including spinal fusion)
- Total Knee Replacement
- Total Hip Replacement

### **Renal Care**

- Dialysis
- Kidney Transplants

## **OTHER SERVICES**

- Surgical procedures performed in the outpatient department of ambulatory surgical centers, hospitals, or specialty hospitals-Vertebroplasty, Epidural Blocks, Kyphoplasty, SCS trial & implantation
- MRI, MRA, CTA, CT Scans, and PET Scans
- Genetic Testing
- Cardiac self-management training and education
- Home health services, including home intravenous, pain management, and hospice
- Ambulatory infusion
- Rehabilitation
- Chelation therapy
- Transplant services
- Observation services
- Physical therapy, occupational therapy, or speech therapy
- Maternity ultrasounds
- Temporomandibular Joint Syndrome (TMJ) treatment

### **Durable Medical Equipment (DME)**

- Any DME Exceeding \$1000
- Apnea Monitors
- Compression pumps
- Continuous Passive Motion Device

## **Durable Medical Equipment (DME) Continued**

- CGMS (continuous glucose monitoring system)
- CPAP, CPAP with humidifier, Bi-PAP (continuous positive airway pressure)
- Custom made braces over \$1000
- Electrical stimulation for urinary / bowel incontinence
- Feeding pump (initial supply only for pump and kit)
- Hospital beds
- Insulin pumps
- Neuromuscular electrical stimulators
- Negative pressure wound therapy pump
- Osteogenic stimulator (bone growth stimulator)
- Oximeters
- Oxygen, to include the oxygen carrier
- Percussors
- Pressure relief mattress
- Prosthetics
- SAD lites (seasonal affective disorder)
- Speech Devices
- Suction pumps
- TENS (transcutaneous electrical nerve stimulator)
- Terbutaline pumps
- Uterine monitor
- Ventilators
- Wheelchairs for purchase

## **Out-of-State Pre-authorizations**

- Inpatient & Outpatient Services

For pre-authorization of services, providers should contact HMP at [www.preatonline.com](http://www.preatonline.com). Requests for out-of-network referrals must be made prior to receiving care from the provider in order for you to receive the highest level of benefits (75%/25%).

## **Facilities**

An out-of-state pre-authorization is required prior to services being received from these facilities.

## **Emergency Care**

When traveling out-of-state and emergency services are required, a call to HMP must be made within 48 hours to retro-authorize an in-patient admission.

## **Dependents Residing In Other States**

There are no changes to pre-authorization requirements for dependents (college students) residing in other states.

**Requests for out-of-state care** will be declined if the patient care can be provided safely and cost effectively in South Dakota. Out-of-network benefits (65%/35%) will be applied to services received out-of-state if out-of-state care is not pre-authorized by HMP.

## **Out of Country Pre-Authorization**

If you are traveling out of the country and need pre-authorization, please place a collect call to 1.605.333.0200.

For pre-authorization requirements, visit <http://benefits.sd.gov>, click Active Employee, scroll over Forms/Documents, and click Summary Plan Descriptions.

# South Dakota State Employee Health Plan Prescription Pre-authorization Listing

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DAKOTACARE: Provider submit prior authorization request at [www.dkc-pa.com](http://www.dkc-pa.com)

## COX-2 Inhibitors Step Therapy

Step One: naproxen, diclofenac, meloxicam  
Step Two: celecoxib

## Glaucoma Step Therapy

Step One: latanoprost, XALATAN®, TRAVATAN Z®  
Step Two: ZIOPTAN®

## Lyrica Step Therapy

Step One: gabapentin  
Step Two: LYRICA®, SAVELLA®, CYMBALTA®

## SSRI/SNRI Step Therapy

Step One: venlafaxine ER/IR, fluoxetine, sertraline, escitalopram, citalopram  
Step Two: PRISTIQ®, VIIBRYD®, DESVENLAFAXINE®, BRINTELLIX®, FETZIMA®

## Zetia/Statin Step Therapy

Step One: simvastatin, pravastatin, lovastatin, atorvastatin  
Step Two: ZETIA®, VYTORIN®, LESCOL XL®, SIMCOR®

DAKOTACARE: Provider submit prior authorization request at [www.dkc-pa.com](http://www.dkc-pa.com)

## Medications requiring Preauthorization under **Pharmacy Benefits:**

- Actimmune®
- Adcirca®
- Adempas®
- Ampyra®
- Antifungal Nasal Compounds
- Aubagio®
- Bydureon®
- Byetta®
- Carbaglu®
- Cerdelga®
- Cimzia®
- Compounded Prescriptions (>\$350)
- Copaxone®
- Cosentyx®
- Cresembia®
- Daklinza®
- Eliquis®
- Enbrel®
- Esbriet®
- Exjade®
- Ferriprox®
- Firazyr®
- Forteo®
- Gattex®
- Gilenya®
- Growth Hormones
  - Humatrop®
  - Norditropin®
- Harvoni®
- Hizentra®
- Humira®
- Hyqvia®
- Interferons:
  - Extavia®
  - Infergen®
  - Intron A®
  - Pegasys®
  - PegIntron®
  - Plegigridy®
  - Rebif®
- Juxtapid®
- Kalydeco®
- Kineret®
- Korlym®
- Kuvan®
- Kynamro®
- Lemtrada®
- Letairis®
- Myalept®
- Noxfil®
- Neudexta®
- Nuvigil®
- octreotide (Sandostatin®)
- Ofev®
- Olysio®
- Opsumit®
- Orencia SQ®
- Orenitram®
- Orkambi®
- Otezla®
- Plegridy®
- Pradaxa®
- Praulent®
- Promacta®
- Provigil® (modafinil)
- Ravicti®
- Revatio®
- Ruconest®
- Simponi®

## Medications requiring Preauthorization under **Medical Benefits:**

- Actemra®
- Alferon N®
- Arcalyst®
- Benlysta®
- Berinert®
- Botox®
- Cerezyme®
- Cinryze®
- Dysport®
- Elelyso®
- Entyvio®
- Epoprostenol (Flolan®, Veletri®)
- Ilaris®
- Immune Globulins
- Kalbitor®
- Krystexxa®
- Myobloc®
- Naglazyme®
- Orencia®
- Prolia®
- Remicade®
- Remodulin®
- Revatio® Inj.
- Rituxan®
- Samsca®
- Sandostatin LAR®
- Soliris®
- Somatuline®
- Supprelin LA®
- Synagis®
- Tysabri®
- Vimizim®
- Vivitrol®
- Vpriv®
- Xeomin®
- Xeomin®
- Xgeva®
- Xiaflex®
- Xolair®